

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE  
DIVISION OF MOTOR VEHICLES

286 Main Street Room 307  
Pawtucket, RI 02860

(401) 588-3020 Ext. 2076

CHANGE IN OWNERSHIP OR PARTNERSHIP (NOT A CORPORATION)

THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO CHANGE OWNERS OR PARTNERS. ALL REQUIRED FORMS MUST BE SUBMITTED ALL AT ONE TIME. WE CANNOT ACCEPT INCOMPLETE APPLICATIONS. IN ORDER TO CHANGE OWNERS OR PARTNERS, AT LEAST ONE OF THE PRESENT OWNERS OR PARTNERS MUST STAY ON THE RECORDS. PLEASE SUBMIT THE FOLLOWING:

1. APPLICATION FORM COMPLETED, SIGNED AND NOTARIZED, STATING NEW OWNERS OR PARTNERS NAMES AND RESIDENCE ADDRESSES.
2. LETTER, SIGNED BY A PRESENT OWNER, AND NOTARIZED, REQUESTING TO BRING ON AS AN ADDITIONAL PARTNER OR PARTNERS INTO THE DEALERSHIP, STATING THEIR FULL NAME, AND RESIDENCE ADDRESS.
3. B.C.I. (BUREAU OF CIMINIAL IDENTIFICATION FORMS) MUST BE COMPLETED BY ALL NEW PARTNERS ONLY -- AND RETURNED TO THIS OFFICE FOR OUR CHECKING THROUGH B.C.I.
4. \$15,000. SURETY BOND ISSUED TO ALL OWNERS OF THE DEALERSHIP, OR A "RIDER" DOCUMENT FROM YOUR INSURANCE COMPANY ON THE PRESENT BOND YOU HAVE ON FILE, AMENDING THE PRINCIPALS TO READ: (STATING ALL THE OWNERS NAMES).
5. IF A PRESENT PARTNER OF A DEALERSHIP IS RESIGNING, WE MUST HAVE A LETTER OF RESIGNATION SIGNED BY THAT OWNER AND NOTARIZED.

THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS OFFICE RESERVES THE RIGHT TO INVESTIGATE ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION AND IS SUBJECT TO APPROVAL BY THIS COMMISSION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL THE OFFICE AT 588-3020 EXT. 2076.

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STATE OF RHODE ISLAND  
RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE  
DIVISION OF MOTOR VEHICLES  
286 MAIN STREET - ROOM 307  
PAWTUCKET, RHODE ISLAND 08260

Date: \_\_\_\_\_

1. Name of firm: \_\_\_\_\_
2. Principal business location: \_\_\_\_\_  
Business phone number: \_\_\_\_\_
3. Location of branch offices (if any): \_\_\_\_\_  
\_\_\_\_\_
4. Type of Dealer:  
New vehicles only ( )    Used vehicles only ( )    New & used vehicles ( )
- 4a. If new car dealer, estimate number of dealers selling same make of car  
in your city or town: \_\_\_\_\_
5. Type of Vehicles:  
Passenger cars only ( )    Motorcycles ( )  
Trucks only ( )    Tractor-Trailers ( )  
Passenger cars & trucks ( )
6. How long have you been established as a dealer? \_\_\_\_\_
7. If a new car dealer, what make of vehicles? \_\_\_\_\_
8. Have you a dealer's Contract or Franchise? Yes ( )    No ( )
9. Franchise or Contract:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Floor Space:    Sales \_\_\_\_\_ Service \_\_\_\_\_  
Yard Space:    Sales \_\_\_\_\_ Service \_\_\_\_\_  
Value of service station equipment: \_\_\_\_\_
11. Give names and addresses of all officers and members of firm:  

<u>Title:</u>	<u>Name:</u>	<u>Residence Address:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
12. Number of salesmen employed: \_\_\_\_\_
13. Business References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

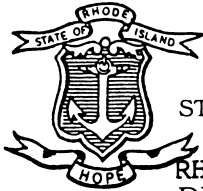
I, the undersigned, hereby declare that I am \_\_\_\_\_ of the above  
Title if any  
firm and that the above information is true to the best of my knowledge  
or belief.

Written signature of applicant \_\_\_\_\_  
State of Rhode Island  
County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**ALL LISTED OWNERS OR PARTNERS MUST REMAIN ON RECORD AT LEAST SIX (6)**  
**MONTHS AFTER THE EFFECTIVE DATE OF THIS APPLICATION**



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RETURN TO:

286 Main Street Room 307  
Pawtucket, RI 02860

(401) 588-3020 Ext. 2076

BUREAU OF CRIMINAL IDENTIFICATION AUTHORIZATION FORM

TO: B.C.I., 72 PINE STREET, PROVIDENCE, RHODE ISLAND

THE UNDERSIGNED HEREBY AUTHORIZES THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS OFFICE TO CHECK WITH THE BUREAU OF CRIMINAL IDENTIFICATION, STATE OF RHODE ISLAND, FOR ANY CRIMINAL RECORD THE UNDERSIGNED MAY HAVE.

(PRINT OR TYPE)

DEALERSHIP NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

HAVE YOU EVER HAD CRIMINAL CHARGES OR CIVIL ACTION LODGED AGAINST YOU  
IN COURT? YES ( ) NO ( )

IF YES, PLEASE EXPLAIN IN WRITING:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE NOTE: EVERY PERSON LISTED ON APPLICATION FORM MUST COMPLETE ONE FORM EACH. IF ADDITIONAL FORMS ARE REQUIRED, PLEASE CALL 588-3020 EXT. 2076 TO REQUEST THEM.

\_\_\_\_\_  
(FOR B.C.I. USE)